

Practitioner's Docket No. 6644



Gp3624 \$

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Bar, Christopher A.; Clapper, Dennis L.
Application No.: 09/118,675 Group No.: 3624
Filed: 07/17/1998 Examiner: M. Nelson, Jr.
For: MODULAR BACKREST SYSTEM FOR A WHEELCHAIR

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

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JUL 11 1999
AM 8:16
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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$190.00

FEE FOR CLAIMS

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service
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Date: June 29, 1999

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transmitted by facsimile to the Patent and
Trademark Office.

Signature

William G. Bruns
William G. Bruns, Reg. No. 19,541

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col.1) | (Col. 2) | (Col. 3) SMALL ENTITY | | |
|--|---------------------------------------|-----------------------|-----------|-------------------------------|
| Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee |
| Total | 94 | Minus | 91 | = 3 x \$9 = \$27 |
| Indep. | 22 | Minus | 11 | = 11 x \$39 = \$429 |
| First Presentation of Multiple Dependent Claim | | | + \$130 = | \$0 |
| | | Total | | |
| | | Addit. Fee | | \$456 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$456.00

FEE PAYMENT

5. Attached is a check in the sum of \$646.00.

FEE DEFICIENCY

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment under 37 CFR §1.16 and §1.17 which may be required to Deposit Account No. 16-2201.

William G. Bruns

SIGNATURE OF PRACTITIONER

William G. Bruns
Polster, Lieder, Woodruff & Lucchesi, L.C.
763 S. New Ballas Road
St. Louis, MO 63141-8750
314-872-8118
314-991-2178 (FAX)

Reg. No. 19,541

Customer No.: 001688